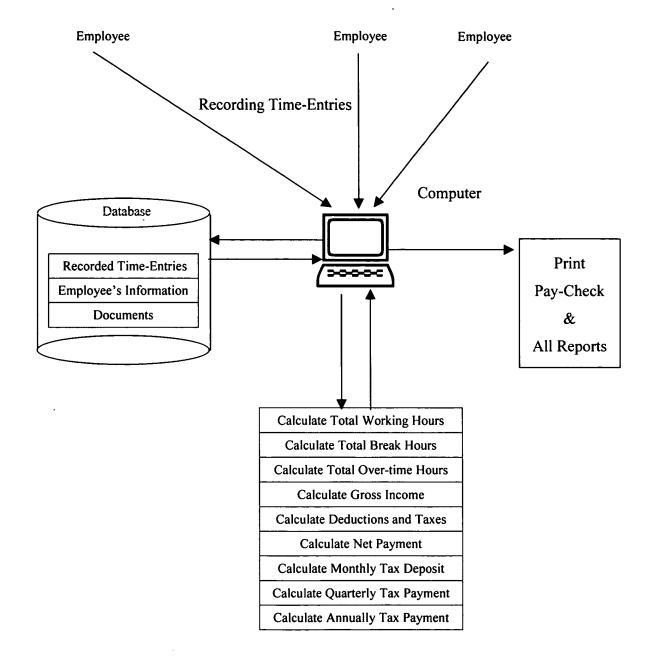


(FIG. 1) Time Clock, Time Sheet, Payroll and Tax Calculator Software

Kamran Arghavanifard Albert Kahen Tel: 310-435-8266, 310-358-1200



(FIG. 2) Time Clock, Time Sheet, Payroll and Tax Calculator Software

(If there is no networking computer system)

Kamran Arghavanifard Albert Kahen

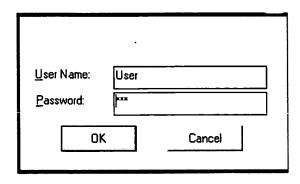


FIG. 3

Kamran Arghavanifard

Albert Kahen

| Employees Control Tools Reports Tax-Tables Help | e Exit | | | | |
|-------------------------------------------------|--------------------------|--|--|--|--|
| Employee ID: | | | | | |
| Name: | | | | | |
| Sign_In | ·· | | | | |
| Going to Break | | | | | |
| Come Back From Break | | | | | |
| Sign_Out | 11/28/2003 1:16:30 PM | | | | |

FIG. 4

Kamran Arghavanifard

Albert Kahen

| Employee ID: | Name: | Calcul | ate P | int |
|--------------|-------|--------|-------------------------|----------------|
| From: | To: | | Work Over Hours Time | Break Hours |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | Total: | ! | |

FIG. 5

Kamran Arghavanifard

Albert Kahen

| From: To: | Employee ID: | Name: | | Calculate Print |
|-----------|------------------------------------|-------------------------------------------------------|---------------------------|---------------------------------------------|
| | From: Date | То: | | Regular Over Break Hours Time Hours Paid |
| | Date | | | |
| | FICA: SDI: Medicare: FIT: SIT: | Other Deductions Gross: Total Deductions Document Net | Per Hour: \$ Other Wages: | |

FIG. 6

Kamran Arghavanifard

Albert Kahen

| Employe ID: | | Na | me: | | | | | | | | Upd | ate |
|----------------------|---|----|-----|---|------------|----------|-----|--------|----|---|-----|-----|
| [| | | | | | | | | | | | |
| Sign-In | C | ر | c | · | · | ~ | ر | ر د | r | ۲ | C | c |
| Going To Break | ~ | ر | (| (| <u>ا</u> ر | <u>ر</u> | C | ~ | ς. | ر | ۲ | c |
| Come Back From Break | C | ۲ | r | C | <u>ر</u> | <u>ر</u> | 1 | 7 | ~ | r | 6 | ~ |
| Sign-Out | C | ر | ~ | C | ~ | ر ا | ر ر | (| ۲ | ~ | (| r |
| | | l | 1 | ! | | L | L | 1 | I | L | L | LJ |

FIG. 7

Kamran Arghavanifard

Albert Kahen

| Employee_ID: First Name: | Last No | ame: | |
|-----------------------------|-------------------|--------------------------|--|
| Date of Birth: | Social Security#: | | |
| Address: | | | |
| City: | State: | Zip: | |
| Home Phone: | | Work Phone: | |
| Sex: | V | Salary Per Hour: \$ | |
| Status: | | Salary For Break: \$ | |
| Number Of Dependents: | | Max Work Hours Per Day: | |
| Additional WithHolding: | | Over Time Rate: | |
| Payroll Period: | — | Max Break Hours Per Day: | |
| | Add | Cancel | |

FIG. 8

Kamran Arghavanifard

Albert Kahen

| Employee_ID: First Name: | Last Name: | | |
|-----------------------------|-------------------|--------------------------|--|
| Date of Birth: Address: | Social Security#: | | |
| City: Home Phone: | State: Zip: | | |
| Sex: | | Salary Per Hour: \$ | |
| Status: | · | Salary For Break: \$ | |
| Number Of Dependents: | · | Max Work Hours Per Day: | |
| Additional WithHolding: | | Over Time Rate: | |
| Payroll Period: | <u> </u> | Max Break Hours Per Day: | |
| | Update | Cancel | |

FIG. 9

Kamran Arghavanifard

Albert Kahen

| Employee_ID: Last N | ame: | | |
|-------------------------|--------------------------|--|--|
| | Social Security#: | | |
| Address: | | | |
| · | ty: Zip: | | |
| Home Phone: Work Phone: | | | |
| Sex: | Salary Per Hour: \$ | | |
| Status: | Salary For Break: \$ | | |
| Number Of Dependents: | Max Work Hours Per Day: | | |
| Additional WithHolding: | Over Time Rate: | | |
| Payroll Period: | Max Break Hours Per Day: | | |
| delete | Cancel | | |

FIG. 10

Kamran Arghavanifard

Albert Kahen

| Name: | Period Start: Period Ending: | Year To Date Gross: |
|----------------------------------------------------|------------------------------------|--------------------------------|
| Other Deductions: Gross: Total Deductions: Net: | FICA: SDI: Medicare: FIT: SIT: | FICA: SDI: Medicare: FIT: SIT: |
| Office Name Address City CA Zip | | Check No: |
| Payable to | | Amount: |
| Account Number | Sig | gnature |
| | Print Close | |

FIG. 11

Kamran Arghavanifard

Albert Kahen

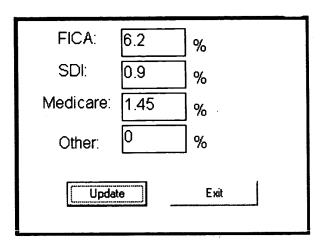


FIG. 12

Kamran Arghavanifard

Albert Kahen

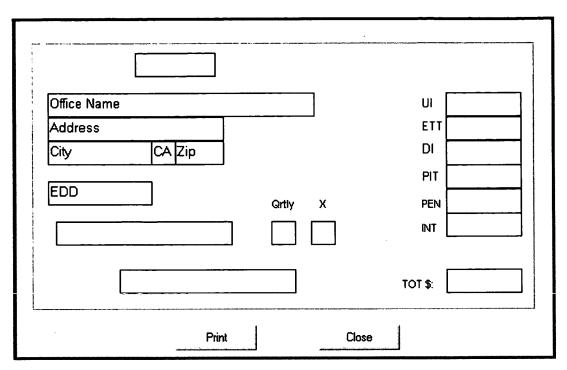


FIG. 13

Kamran Arghavanifard

Albert Kahen

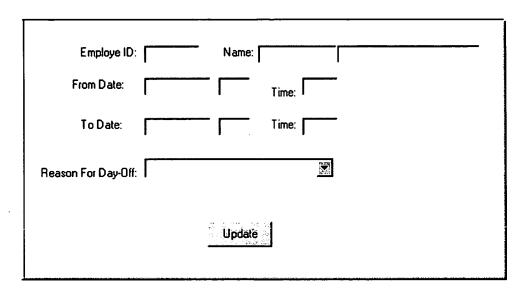


FIG. 16

Kamran Arghavanifard

Albert Kahen

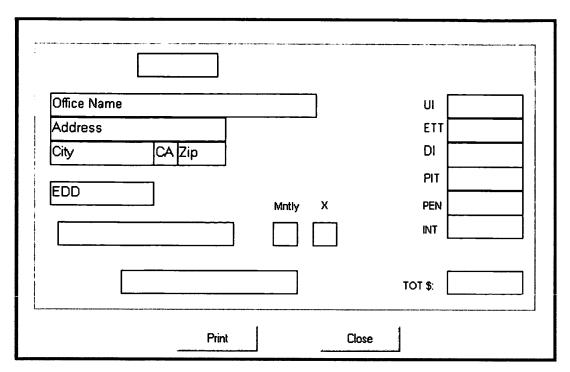


FIG. 14

Kamran Arghavanifard

Albert Kahen

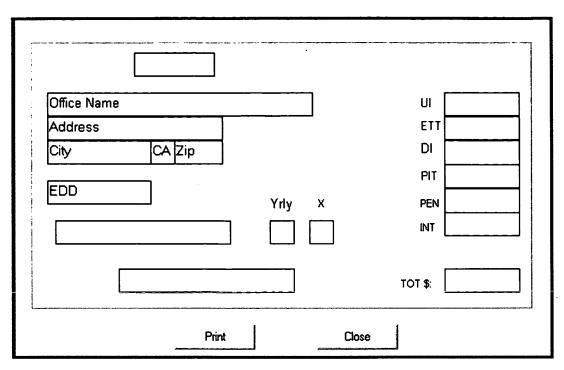


FIG. 15

Kamran Arghavanifard

Albert Kahen